

**GRADE K-6 REFERRAL FOR  
COMPREHENSIVE EDUCATIONAL EVALUATION**

<b>Student's Name</b>	<b>Birth Date Age</b>	<b>Gender Grade</b>
<b>Parent/Guardian Name</b>	<b>Address</b>	<b>Phone Home: Cell: Work:</b>
<b>Primary Language of Student's Home</b> ___ English  <b>Other:</b> _____	<b>School District</b>	<b>School</b>

**CURRENT EDUCATION PROGRAM**

\_\_\_ General Education    \_\_\_ Private/Home School    \_\_\_ School Counseling    \_\_\_ Alternative School

\_\_\_ Title 1 Classes: \_\_\_\_\_

\_\_\_ Limited English Proficiency    \_\_\_ Other: \_\_\_\_\_

**REASON FOR REFERRAL**

**Why is the student being referred for a comprehensive educational evaluation?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Areas of concern that may need further evaluation:**

\_\_\_ Academic    \_\_\_ Psychological    \_\_\_ Communication    \_\_\_ Developmental    \_\_\_ Behavioral    \_\_\_ Physical/Motor skills  
\_\_\_ Social/Emotional    \_\_\_ Assistive Technology    \_\_\_ Limited English Proficiency    \_\_\_ Other: \_\_\_\_\_

**Has the student previously received special education services?**

\_\_\_ Yes

Name of School: \_\_\_\_\_

Year: \_\_\_\_\_

\_\_\_ No

**Attendance:** Current Year: Days Absent \_\_\_\_\_ Days Tardy \_\_\_\_\_  
Previous Year: Days Absent \_\_\_\_\_ Days Tardy \_\_\_\_\_

**Has the student been retained in grade?**

Yes \_\_\_\_\_ Grade and Year: \_\_\_\_\_

No \_\_\_\_\_

**Date of most recent vision exam:** \_\_\_\_\_ (For students referred due to vision impairment, please attach vision exam results noting visual acuity.)

**Date of most recent audiology exam:** \_\_\_\_\_ (For students referred due to hearing impairment, please attach results of audiology exam.)

**State standardized Achievement Test Results (Ex: Smarter Balanced; Include percentile rank)**

Year	Math	Reading	Writing

**Progress Monitoring Test Results (Ex: MAP, STAR, CBM; Include percentile rank)**

End of Previous School Year	Math	Reading/Language
Current School Year	Math	Reading/Language
Fall		
Winter		
Spring		

List any behaviors that may have impacted results of standardized testing (Ex: Focus, task engagement, ill, etc.)

## CURRENT PERFORMANCE LEVELS

### READING

Please provide a description of strengths and weaknesses within the areas below and an estimate of the student's instructional level in reading.

**Overall Performance:**

**Reading Decoding and Sight Word Mastery:**

**Reading Fluency:**

**Reading Comprehension:**

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

- Reading readiness activities (letter identification, letter sounds)
- Phonics (associating a sound with a symbol)
- Memorizing/recalling sight words
- Segmentation (breaking words into parts/syllables)
- Guesses at words based on the first few letters
- Reading small words (ex. the, an), or reading prefixes or suffixes.
- Comprehension of fiction
- Comprehension of expository/informational text

### WRITTEN LANGUAGE

Please provide a description of strengths and weaknesses within the areas below and an estimate of the student's instructional level in writing.

**Overall Performance:**

**Penmanship:**

**Grammar/Punctuation:**

**Generating Ideas:**

**Spelling:**

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

- Pencil grasp
- Hand fatigue
- Writes single letters or numbers backward
- Mirror writing (writes words or multi-digit numbers backward)
- Writing independently
- Writing simple sentences
- Writing compound sentences
- Forgets thoughts before getting them written down
- Other: \_\_\_\_\_

**MATHEMATICS**

Please provide a description of strengths and weaknesses within the areas below and an estimate of the student's instructional level in math.

**Overall Performance:**

**Math Computation:**

**Math Reasoning:**

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

- Math readiness skills (counting, measuring, time, etc.)
- Number sense (concepts like "more" or "less"; what numbers mean and how they work together)
- Areas of computation:  Addition  Subtraction  Multiplication  Division  Fractions  
 Decimals
- Word problems:  Reading word problems  Solving word problems
- Writing/copying math problems (tracking from book to paper, alignment of numbers, neatness)

### EXECUTIVE SKILLS\* / LISTENING COMPREHENSION

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

- Starting tasks
- Staying on task to completion
- Easily distracted
- Organization of materials
- Mental flexibility/problem solving
- Impulsivity (behavioral self-control)
- Self-monitoring/Self-Correcting
- Excessive motor movement (fidgeting, getting out of seat)
- Daydreaming
- Emotional regulation
- Remembering multi-step directions
- Remembering material presented verbally
  
- Following oral directions
- Demonstrating critical thinking skills:  Answering simple recall questions  Identifying main ideas  
 Sequencing events  Drawing conclusions
- Demonstrating auditory processing difficulty:
  - Localizing sound
  - Understanding spoken language when two people are talking or ambient noise level is high
  - Frequently asks for oral directions to be repeated
  - Says "what?" or "huh?" a lot
  - Understanding rapid speech or complex commands
  - Takes longer to respond in oral communication situations
  - Difficulty detecting the innuendos of speech (sarcasm, humor) based on voice tone

**(\*For students who have been diagnosed with ADHD, please attach verification of diagnosis from physician.)**

## SPEECH / COMMUNICATION

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

\_\_\_ Voice Quality

- \_\_\_ Unusually loud or soft speaking voice
- \_\_\_ Unusual quality to voice (hoarseness, strained, breathy, "stuffy nose" sound)

\_\_\_ Articulation and Phonology

- \_\_\_ Speech is difficult for classmates or teachers to understand
- \_\_\_ Mispronounces or leaves off sounds in words

\_\_\_ Receptive Language

- \_\_\_ Takes a long time to process verbal information
- \_\_\_ When spoken to does not understand meaning/vocabulary at grade level
- \_\_\_ Has a difficult time following spoken directions

\_\_\_ Expressive Language

- \_\_\_ Often has difficulty expressing ideas, asking for help, or making wants or frustrations known
- \_\_\_ Speaks in very short sentences
- \_\_\_ When speaking in sentences, leaves off small words (the, is, to) or word endings (plurals, -ed)
- \_\_\_ Has difficulty finding words (word retrieval), even familiar words
- \_\_\_ Uses jumbled or unusual word order when speaking

\_\_\_ Fluency and Rate

- \_\_\_ Frequently stutters
- \_\_\_ Excessive use of "um," "uh," "you know," or other interjections when speaking
- \_\_\_ Experiences "blocks" while speaking, unable to get a word or sound out
- \_\_\_ Signs of tension while speaking (eye blinks, hand clenching)
- \_\_\_ Speaks in a very fast, slow, or uneven rate

\_\_\_ Pragmatic Language

- \_\_\_ Does not show age-appropriate conversational skills (conversation turn-taking, asking/answering questions, staying on topic, initiating conversation)
- \_\_\_ Does not interact in an age-appropriate manner with peers

## MOTOR SKILLS

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

\_\_\_ Gross Motor Skills

- \_\_\_ Motor control for physical activities (walking, running, climbing, propelling a wheelchair)
- \_\_\_ Motor coordination using objects (throwing/catching/bouncing a ball, riding a bicycle)
- \_\_\_ Balance (riding equipment, using play structures, balance beam, standing/hopping on one foot)
- \_\_\_ Body awareness (awareness of own body and other people's space during interactions)
- \_\_\_ Lacks core strength (may slouch at desk, W-sitting position, hold head up with hand)
- \_\_\_ Needs 1:1 assistance to participate in gym class due to low skill or behavior
- \_\_\_ Needs adaptive equipment to participate in gym class

\_\_\_ Fine Motor Skills

\_\_\_ Manipulating and using tools (scissors, hammer, eating utensils)

\_\_\_ Eye-hand coordination

\_\_\_ Using writing tools and materials (pencils, markers, digital tools)

\_\_\_ Self-help skills (buttoning, zipping, lacing)

\_\_\_ School routines (toileting, washing, getting cold weather clothing on and off)

Explain: \_\_\_\_\_

**EMOTIONS AND BEHAVIOR**

Has the student had the following:

\_\_\_ In-school detention                      How many? \_\_\_\_\_

\_\_\_ In-school suspension                      How many? \_\_\_\_\_

\_\_\_ Out-of-school suspension                      How many? \_\_\_\_\_

Mark with an "X" the areas in which the student has unusual difficulty compared to peers:

\_\_\_ Relationships with peers

\_\_\_ Truant / tardy

\_\_\_ Relationships with adults

\_\_\_ Not prepared for class

\_\_\_ Verbal aggression

\_\_\_ Poor assignment quality

\_\_\_ Physical aggression

\_\_\_ Gives up easily/ low persistence

\_\_\_ Destructive to property

\_\_\_ Cyclical behavior (good days, bad days)

\_\_\_ Defiant/problems with authority

\_\_\_ Does not complete assignments in class

\_\_\_ Appears to lack remorse

\_\_\_ Does not complete/hand in homework

\_\_\_ Passive aggressive

\_\_\_ Over-reacts to criticism/failure

\_\_\_ Lies/manipulates

\_\_\_ Over-reacts to behavior of others

\_\_\_ Withdrawn

\_\_\_ Struggles when routine is disrupted

\_\_\_ Appears sad, tearful

\_\_\_ Difficulty stopping repetitive behavior  
(ex: tapping foot, spinning a toy)

\_\_\_ Appears tired, lethargic

\_\_\_ Staying quiet when expected to

\_\_\_ Irritable/angry

\_\_\_ Unusual eye contact

\_\_\_ Anxious/nervous/agitated

\_\_\_ Transitions

\_\_\_ Test anxiety

\_\_\_ Sensory sensitivity

\_\_\_ Seeks constant reassurance

(ex: noise, lighting, clothing, touch)

\_\_\_ Frequent physical complaints

\_\_\_ Self-harm (cutting, scratching, head banging)

\_\_\_ Overly excited/keyed up

\_\_\_ Has threatened to harm self or others

\_\_\_ Bizarre behavior/ hallucinations

Additional behavioral observations or information important in understanding student's emotions/behavior:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Please attach evidence of behavior plans, emotional supports, and discipline referrals.**

## INTERVENTIONS

**\*Appropriate interventions (minimum of 2 for 6-8 weeks) with progress monitoring must occur before referral for a comprehensive educational evaluation.**

### INTERVENTION #1

<input type="checkbox"/> Tier 1 (Whole class—applied to all students to create optimal learning outcomes)
<input type="checkbox"/> Tier 2 (Completed in addition to Tier 1 core instruction, typically small group, 20-30 min, 3-4 times/week)
<input type="checkbox"/> Tier 3 (Individualized to student, may include trial of core replacement program, typically 30+ min, 5 days/week)
<input type="checkbox"/> Outside Agency (Counseling, Medical, Tutoring, Mentoring, Inpatient, ABA, Speech, Occupational Therapy, etc.)
Intervention: _____ _____
Implemented by: _____
Start Date: _____ End Date: _____
Outcome (Include summary of progress monitoring data): _____ _____ _____

### INTERVENTION #2

<input type="checkbox"/> Tier 1 (Whole class—applied to all students to create optimal learning outcomes)
<input type="checkbox"/> Tier 2 (Completed in addition to Tier 1 core instruction, typically small group, 20-30 min, 3-4 times/week)
<input type="checkbox"/> Tier 3 (Individualized to student, may include trial of core replacement program, typically 30+ min, 5 days/week)
<input type="checkbox"/> Outside Agency (Counseling, Medical, Tutoring, Mentoring, Inpatient, ABA, Speech, Occupational Therapy, etc.)
Intervention: _____ _____
Implemented by: _____
Start Date: _____ End Date: _____
Outcome (Include summary of progress monitoring data): _____ _____ _____



**INTERVENTION #3**

Tier 1 (Whole class—applied to all students to create optimal learning outcomes)  
 Tier 2 (Completed in addition to Tier 1 core instruction, typically small group, 20-30 min, 3-4 times/week)  
 Tier 3 (Individualized to student, may include trial of core replacement program, typically 30+ min, 5 days/week)  
 Outside Agency (Counseling, Medical, Tutoring, Mentoring, Inpatient, ABA, Speech, Occupational Therapy, etc.)

Intervention: \_\_\_\_\_  
\_\_\_\_\_

Implemented by: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Outcome (Include summary of progress monitoring data): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INTERVENTION #4**

Tier 1 (Whole class—applied to all students to create optimal learning outcomes)  
 Tier 2 (Completed in addition to Tier 1 core instruction, typically small group, 20-30 min, 3-4 times/week)  
 Tier 3 (Individualized to student, may include trial of core replacement program, typically 30+ min, 5 days/week)  
 Outside Agency (Counseling, Medical, Tutoring, Mentoring, Inpatient, ABA, Speech, Occupational Therapy, etc.)

Intervention: \_\_\_\_\_  
\_\_\_\_\_

Implemented by: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Outcome (Include summary of progress monitoring data): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Strengths** (ex: academic, personality trait, special skill, family or community support, interests):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Printed name of person making referral:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of person making referral:** \_\_\_\_\_ **Parent**  **District**

The public agency shall give the parent/guardian a copy of the Referral for Comprehensive Evaluation document at no cost to the parent/guardian.